Smeal College of Business USE ONLY

Petition for Department Review for Change of Major

Student's Name: _____

Student Number: _____ PSU Email: _____

Campus Location: _____ Schreyer Scholar ____ YES ____ NO (check one)

I request permission to change my current major:

From: _____ _____
MAJOR OPTION

To: _____ _____
MAJOR OPTION

Please attach a letter explaining why you want to change your major. Also attach any supporting documentation.

_____ _____
Student Signature Date

_____ _____
Advisor Signature and (Advisor E-Mail) Date

For Office Use Only (completed by Undergraduate Education Office)

Current GPA = _____

ETM Coordinator comments: _____

Referred to Department Chair for Special Review _____
Date

_____ Approve _____ Decline _____
Department Chair Signature

If decline, please explain why: _____
_____
_____

Effective: Fall: _____ Spring: _____ Summer: _____ Year: _____

	Student and Advisor notified		Check audit adjustments		ARUES updated
	Internship Office notified		Adviser updated		ARUSAD updated
	Scholarship Coordinator notified		Adviser spreadsheet updated		
	Academic departments notified		Faculty Mentor updated		